

**SOLID WASTE MANAGEMENT FACILITY PERMIT  
APPLICANT'S  
DISCLOSURE STATEMENT**

**KEY PERSONNEL**

Name:

Social Security Number:

Business Address:

City:

State:

List full name and business address of any entity, other than natural person, that collects, transports, treats, stores, or disposes of solid or hazardous waste in which the above named person holds an equity interest of five percent or more.

Company Name	Business Address

**KEY PERSONNEL**

Business Experience:

(use continuation sheet, if needed)

List all permits or licenses for collection, transportation, treatment, storage, or disposal issued to or held by the person named within past ten years.

Permit Type	Agency

## KEY PERSONNEL

List and explain any notices of violation, prosecution, administrative orders, license or permit suspensions or revocations, or enforcement actions of any sort by any state, federal, or local authority, within the past ten years, which are pending or have concluded with a finding of violation or entry of a consent agreement, regarding an allegation of civil or criminal violation of any law, regulation or requirement relating to the collection, transportation, treatment, storage or disposal of solid or hazardous waste by the person named. Furnish also an itemized list of all convictions within ten years of any of the crimes listed in Section 10.1-1400, Virginia Waste Management Act, punishable as felonies under the laws of the Commonwealth or the equivalent thereof under the laws of any other jurisdiction. Use continuation sheets, if necessary.

**KEY PERSONNEL**

Continuation Sheet